

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006134

Entity Name: PHARMAVITE LLC

Current Principal Place of Business:

8531 FALLBROOK AVENUE
WEST HILLS, CA 91304

Current Mailing Address:

8531 FALLBROOK AVENUE
WEST HILLS, CA 91304 US

FEI Number: 43-1951087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name BOUTELLE, JEFFREY
Address 8531 FALLBROOK AVENUE
City-State-Zip: WEST HILLS CA 91304

Title MANAGER
Name NYILAS, MARGARETTA
Address 8531 FALLBROOK AVENUE
City-State-Zip: WEST HILLS CA 91304

Title MANAGER
Name SATO, NAOSHI
Address 8531 FALLBROOK AVENUE
City-State-Zip: WEST HILLS CA 91304

Title MANAGER
Name TAKAGI, SHUICHI
Address 8531 FALLBROOK AVENUE
City-State-Zip: WEST HILLS CA 91304

Title MANAGER
Name AMIN, TARANG
Address 8531 FALLBROOK AVENUE
City-State-Zip: WEST HILLS CA 91304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY BOUTELLE

MANAGER

04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date